



## BOURNE GRAMMAR SCHOOL

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team on 01522 553332.

Please complete this form and return to Mrs Revell via [Admissions@bourne-grammar.lincs.sch.uk](mailto:Admissions@bourne-grammar.lincs.sch.uk)

Once returned you will receive an email acknowledgement of this form within 5 working days. If you do not receive this please contact [Admissions@bourne-grammar.lincs.sch.uk](mailto:Admissions@bourne-grammar.lincs.sch.uk)

**Please either:** Use block letters and write in black ink / ballpoint pen **OR**  
Type your answers into the text boxes

School you are appealing for: **Bourne Grammar School**

Name of child who is the subject of the appeal:

Gender: Male / Female (delete as applicable)

Date of birth:

School child currently attends:

If your child has been offered a place at an alternative school, please tell us below:

Contact details of person appealing on behalf of the child:

Full name:

Relationship to child:

Address:

Home phone number:

Work phone number:

Mobile phone number:

Email address:

Child's address if different:

If you are moving house, please give details of your new address below. If you are likely to change address between the date you send in your admission appeal form and the date you wish your child to start at the school, please read carefully the section in *School Admission Appeals A Guide for Parents and Carers* headed *Moving House*.

Status of move: *(delete as applicable)* Tenancy agreement signed, Exchanged contracts, Moving in with partner or relatives, Forces posting, Other *(please specify)*

(Please provide evidence for any of the above e.g. a copy of the exchange of contracts. This should be a photocopy)

Details of the move, including dates:

Other children living in the same household under 19 years of age:

Name	Date of birth	Current schools	Have you appealed before
			Yes / No
			Yes / No
			Yes / No

If you have appealed for a Lincolnshire school before, please give details including dates:

You are legally entitled to ten school days notice of the date of your appeal. Sometimes we can hear an appeal more promptly if you agree to give up or 'waive' this right. **Please delete as applicable.**

Do you waive your right to 10 school days notice? Yes / No  
 Have you received a letter refusing your child a place at this school? Yes / No  
 If yes, please attach a copy.

Or was this a verbal refusal? Yes / No

Will you be attending the appeal? Yes / No

Please indicate any dates when you are not available to attend. We will try to avoid these dates when arranging the appeal. However, appeals for Reception and Year 7 intake are planned and cannot be changed.

Name and address of person accompanying you:

Their relationship to the child:

If not attending, will anyone represent you at the appeal? *(Delete as applicable)* Yes / No

Name, address and organisation (if applicable) of the person representing you:

Do you require an interpreter; there will be no charge for this service? Yes / No

If yes which language? Please state dialect if relevant

Do you require the services of a signer, there will be no charge for this service? Yes / No

Please state if you have any mobility issues so that suitable arrangements can be made.

**Reason for appeal**

Please give the reasons why you want a place for your child at the school. Please attach securely, copies of any supporting documents e.g. medical certificates. The panel can consider anything that you feel is relevant, but may be restricted by the infant class size regulations when they make their decision (see *School Admission Appeals A Guide for Parents and Carers*)

Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.

Please give full name, address, telephone number and relationship to the child:

Do you provide consent for us to contact this person? (*Delete as applicable*)      Yes / No  
Please note if you state 'no' we may contact you for further details.

**Declaration, please sign to confirm that:**

I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.

Signed:

Date:

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with the School Admissions Team and Lincolnshire County Council Legal Services Team for the purposes of arranging your appeal only. Bourne Grammar School will meet its requirements under the Data Protection Act in processing your data.